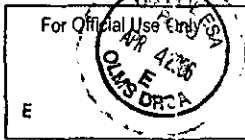


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 25280	2. Fiscal Year Covered From: 01 / 01 / 05 Through: 12 / 31 / 05
3. Name and address of person filing. Name Kevin Hackett P.O. Box, Bldg., Room No., if any Street 16954 Drake Road Strongsville City Chio 44136 State OH ZIP Code + 4	4. Name, file number, and address of labor organization. Name Plumbers LU 55 Labor Organization File Number 011724 P.O. Box, Building and Room Number, if any Street 980 Keynote Circle City Cleveland State OH ZIP Code + 4 44131
5. Position in labor organization. President of Local Union also - Trustee in Trust Fund	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name N/A Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. N/A 7.b. Amount. N/A

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Kevin Hackett

On

3-28-06

Date

1-216-459-0099

Telephone Number

Name of Person Filing Kevin Hackett	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name Plumbers Local No.55 S.U.B. Fund Trade Name, if any: P.O. Box, Bldg. Room No., if any Street 980 Keynote Circle Brooklyn Hts., City Ohio 44131-1801 State ZIP Code + 4	9. Business deals with: a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Plumbers Local No. 55 S.U.B. Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 980 Keynote Circle Brooklyn Hts., City Ohio 44131-1801 State ZIP Code + 4	11.a. Nature of such dealing. Multiemployer Taft Hartley trust fund providing supplemental unemployment benefits to members of a labor organization
	11.b. Approximate dollar value of such dealing. unknown
	12.a. Nature of interest held or income received. Reimbursed expenses and lost wages
	12.b. Amount. \$1,070.64

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name N/A Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment. N/A
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

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☐ VOID☐ CORRECTED

PAYER'S name, street address, city, state, ZIP code, and telephone no. PLUMBERS UNION LOCAL NO. 55 SUPPLEMENTAL UNEMPLOYMENT FUND 980 KEYNOTE CIRCLE BROOKLYN HEIGHTS, OHIO 44131		1 Rents	OMB No. 1545-0115		Miscellaneous Income
		\$	2005 Form 1099-MISC		
		2 Royalties			
PAYER'S Federal identification number 34-1269418		3 Other income \$		4 Federal income tax withheld \$ 0.00	Copy A For Internal Revenue Service Center File with Form 1098.
		5 Fishing boat proceeds \$		6 Medical and health care payments \$	
RECIPIENT'S identification number 283-52-7904		7 Nonemployee compensation \$ 1,070.64		8 Substitute payments in lieu of dividends or interest \$	For Privacy Act and Paperwork Reduction Act Notice, see the 2005 General Instructions for Forms 1099, 1098, 5498, and W-2G.
RECIPIENT'S name KEVIN HACKETT		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/> \$		10 Crop insurance proceeds \$	
Street address (including apt. no.) 16954 DRAKE RD.		11		12	
City, state, and ZIP code STRONGSVILLE, OHIO 44136		13 Excess golden parachute payments \$		14 Gross proceeds paid to an attorney \$	
Account number (see Instructions) 1099-MISC		2nd TIN not <input type="checkbox"/> \$	15a Section 409A deferrals \$		15b Section 409A income \$
		16 State tax withheld \$ 0.00	17 State/Payer's state no. 51-614664-4		18 State income \$

Form 1099-MISC

16-0331690

Department of the Treasury - Internal Revenue Service

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